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TEACHING OLD TESTAMENT STUDIES IN ZIMBABWE'S THEOLOGICAL INSTITUTIONS IN THE HIV/AIDS ERA

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Abstract

There is no doubt that HIV/AIDS is humanity's greatest enemy in this century. Millions of people have been affected and infected by this disease. In Zimbabwe statistics have it that about 2000 people die of HIV/AIDS related diseases every week. A lot of resources are spent in caring for the infected and the affected. With this scenario, HIV/AIDS no longer has to be seen as a medical problem. It is now a social problem and so every sector of the society has to think deeply on how it can 'make a difference' in dealing with HIV/AIDS. This article argues that the teaching of Biblical Studies in Zimbabwe's theological institutions should be geared towards addressing the problem. It argues for the centrality of Biblical Studies in both theological institutions and Christian societies. It shows how the Bible has been used to address human problems and how a Biblical studies course taking cognisance of the HIV/AIDS problem can be rewarding. It ends by suggesting some topics and instructional methodologies to be used in teaching Biblical Studies in Zimbabwe's theological institutions in the era of HIV/AIDS.

Introduction

This article builds on an exploratory essay by Chitando (2002) where he suggested how HIV/AIDS could be integrated into the curricula of the theological institutions in Zimbabwe. In the article Chitando also looks at how HIV/AIDS can be integrated in the curricula. This article then focuses on intergrating HIV/AIDS in Old Testament studies. It seeks:

1. to demonstrate the role of the Bible in general and the Old Testament in particular in shaping people's perceptions of HIV/AIDS;
2. to show how the Bible can be used to address the HIV/AIDS problem by suggesting possible Old Testament topics that integrate HIV/AIDS and by suggesting instructional methodologies for teaching the topics.

HIV/AIDS: The Facts

A lot has been written on HIV/AIDS; its history, infection rates, effects on economy and so on. It remains imperative, however, that a paper on the topic should, at least in brief, begin by discussing what HIV/AIDS is, its history and its disastrous effects.

HIV/AIDS is a 'disease' which severely depletes the human immune system, making the body unable to defend infections. The disease was first recognised in the early 1980s among gays in the United States of America. It then quickly spread throughout the world that today nearly everyone in the world has been affected or infected by it. New figures released by UNAIDS reveal that AIDS is still in its early phase and shows no sign of levelling off in the hardest hit countries (Chismar, 2002). At present it is estimated that about 40 million people are living with HIV/AIDS in the world. Of these about 25 million are in Sub-Saharan Africa. Since its outbreak, it is estimated that, HIV/AIDS has killed 21.8 million people worldwide, and of these 17 million are from the Sub-Saharan Africa where 12.1 million children have been orphaned. In Zimbabwe it is estimated that 2000 people die of HIV/AIDS every week with 1 to 2 million people suffering from the disease. Such figures are surely shocking and show that HIV/AIDS continues to affect people unabated. In fact the 2001 *World Magazine* reported that while rates of infection may be declining in the West, AIDS in Africa "is on a rocket-like trajectory" (Chismar, 2002). Khan (2001) thus described Africa as HIV/AIDS' epicentre with 3800 people infected daily.

HIV/AIDS has wrecked havoc in the world. City graveyards have become heaps of freshly turned graves. The disease has turned from a health issue to a development crisis. It has wiped out decades of national development, widened the gulf between rich and poor nations, and pushed already stigmatised groups closer to the margins of society (WCC, 1997). Infecting young people of between 20 and 49 years, HIV/AIDS is robbing nations of their most productive, professional, and skilled citizens. The old, who have reached the end of their lives, are left to fend for the children left by those killed by the disease. As a result it has put enormous pressure on national budgets.

HIV/AIDS facts show the need for 'action now' (Jackson, 1988). No one should be left out of the search for a cure, the care for the infected and affected, counselling, information dissemination and financial support for HIV/AIDS programmes. Theological institutions must therefore not lag behind. They must develop contextually relevant curricula that will churn out graduates ready to address problems in their communities. It is a fact that HIV/AIDS is a serious problem today, and a relevant curriculum must take cognisance of the problem. Like Lawton (1975), this researcher argues for a community based approach to selection of learning experiences. The education embodied in the curriculum is supposed to benefit the learner and his community, making them better able to handle their affairs. It is in this light that the teaching of the Old Testament which makes a difference in the fight against HIV/AIDS is suggested here. But before suggesting how this can be done, let us look at the role of the Bible in shaping people's perceptions of HIV/AIDS. In the words of Nicholson, is "God in AIDS?" (Nicholson, 1996).

The Bible and HIV/AIDS

Christians regard the Bible as the inspired word of God. They, however, understand this inspiration differently. Collins (1989) notes that some Christians understand inspiration as implying that every word in the

Bible came directly from God's mouth. Those who take this view use Timothy 3:16. Others use Peter 1:20 to explain interpretation and so say inspiration was a three-tier process beginning with the agent of inspiration (the Holy Spirit) breathing his word into the instrument of inspiration (the human being) resulting in the product of inspiration (the Bible). The human being is therefore considered passive in that process and so the end product is purely the product of the Holy Spirit. Yet others take the organic theory of inspiration and so say after receiving the message from God, the human being was at liberty to express it in his own language and cultural symbols. Thus whereas the first two views of inspiration would uphold the inerrancy of the Bible, the third approach accepts that there are errors in the Bible which were a result of the limitations of the human being. These different views of inspiration affect how a religious community uses or abuses the Bible.

But despite the different views on inspiration Christians might, nearly all of them, consider it as 'a store of knowledge'. Because of the status they ascribe to it, they continue to use it in all contexts. In times of joy, the Bible has been used, and even in times of sorrow comfort has been sought from the Bible. Those who want to oppress others have used it as memories of apartheid South Africa tell. Those seeking liberation have also used it, and so the Bible remains the Christian book for all 'seasons'. Not surprising therefore, with the HIV/AIDS epidemic, the Church continues to seek understanding and guidance regarding the disease, healing, stigma and isolation, guilt and fear, caring, death and dying from the Bible (Dube, 2001).

Because of the plurality of Biblical interpretations, various answers on questions about HIV/AIDS have been found by Christians in the Bible. The most common interpretation of the Bible and HIV/AIDS that has been proffered is that of regarding the disease as punishment for an individual's sins. In the Old Testament this is demonstrated in Deuteronomy 7:12-15, where the Deuteronomist-Historian's theology comes out loud and clear: obedience brings blessings while disobedience

brings disaster. Disease and illness have therefore been interpreted as results of disobedience to the divine will (Deut. 26:16, 28:27-29). That God inflicts illness as a means of punishment is indeed a prominent theme throughout the Old Testament: after disobedience (1 Sam. 15:24-26), Samuel was afflicted by an evil spirit from the Lord (1 Sam. 16:14), Nebuchadnezzar (Daniel 4:28) and Uzziah (2 Chronicles 26:19) were punished for their pride, the Philistines were punished for taking the ark (1 Sam. 5:6,9), the infant born to David and Bathsheba died as a result of their adulterous union (2 Samuel 12:15-18). New Testament passages like Luke 21:11 where there is prophecy of famines and pestilences as 'signs of times' have also been used to prove the Biblical basis of HIV/AIDS. From these and other passages HIV/AIDS has been understood as a punishment of God in many theological discussions. Because the disease was first noticed among gays and drug-users, the Christian interpretation has been that the disease is a consequence of transgression, indicative of moral shortcomings. As a result, Christians have promoted negative, judgemental, and condemnatory attitudes to HIV/AIDS (WCC, 1997).

This Deuteronomic philosophy has its merits and demerits. On one hand, it has reduced promiscuity by emphasising that God punishes those who break his laws. But on the other hand, condemnatory attitude is not helpful considering that HIV/AIDS is a reality we face everyday. True to Johanna Stiebert's observation, there are other passages in the Bible that offer alternative perspectives to causes of diseases (Stiebert, 2001). There are many cases of illness and disease not being results of moral shortcomings (Exodus 9:9, 2 Kings 5:1) but the story of Job is the best example. The book of Job tells us that Job suffered loss of family and property and suffered greatly yet he was a blameless and upright man "who feared God, and turned away from evil" (Job 1:1). This story therefore must make people view those with HIV/AIDS differently. After all, scientific discoveries on HIV/AIDS have shown that not only people with moral shortcomings are victims of the disease. Some victims are as innocent as Job was since, "Anyone, male or female, young or old,

rich or poor, black or white, educated or uneducated, from any country, or any religion can acquire HIV" (National Coordination Programme, 1994:5). Such innocent victims include married people who acquire it from their unfaithful spouses and children who acquire it through vertical transmission from their mothers (Faden, Geller & Powers, 1991).

The Bible can therefore be used to deal with issues of HIV/AIDS in a number of ways as the above have shown. Though there is no mention of HIV/AIDS in it, the way the Biblical communities handled their own diseases can be used by communities that consider the Bible normative in dealing with HIV/AIDS today. Though it was written in a different time and culture from our own, there are inferences to be drawn from it (Nicolson, 1996). First, we have seen that the Bible has been used by Christians to treat HIV/AIDS as a punishment of God, the same Bible can be used against that idea. As we mentioned briefly in the preceding paragraph, many people who die from AIDS are not necessarily sinners' (homosexuals, lesbians, and promiscuous men and women). As Nicolson (1996) notes, in Africa the greater number of those who die are women, faithful wives whose only sin is to have married a man who has not always been faithful. What we know from the Bible is that God is faithful and just. He cannot therefore punish innocent people. Though some people continue to use Old Testament passages like the flood story (Genesis 8) and the death of Korah Dathan and Abiran and their wives and children (Numbers 6) as a result of their rebellion against Moses, it can be argued that from the total picture of God we have in the Bible we can treat such stories as Gunkel has done, that is, as myths and legends (Gunkel, 1964). This is because they defy our overall picture of God. As emphasised above, the story of Job surely shows that suffering is not always a result of sin.

The Bible can also be used to deal with the stigmatisation of HIV/AIDS patients. Many people, including Christians stigmatise HIV/AIDS patients. One parent built his daughter who had contracted the disease a small hut away from his homestead. He used the purity laws of the Old

Testament as his Biblical basis (Leviticus 13-15). But surely this is a wrong application of the Bible. Isolation was practised with contagious disease like leprosy. Now, HIV/AIDS is not a contagious disease as we know of now. HIV/AIDS must therefore be seen as any other disease. It should not be singled out of other diseases on the basis of how one contracts it. The Bible does not say contracting a disease is a sin. It is the way one contracts it which could be sinful. The Old Testament teaches that the ill and the vulnerable must (no matter how they got ill) be treated with kindness and compassion (Lev. 19:14) and I suggest that it is this knowledge that trainee pastors in theological institutions must be equipped with.

The Bible can also be used to stop the spread of HIV/AIDS. There are many ways of preventing the spread of HIV/AIDS (WCC, 1997 and National AIDS Coordination Programme, 1994). Some of the methods like the use of condoms, are however very controversial among Christians. Those that have a Biblical basis are sexual abstinence and mutual faithfulness in stable sexual relationships. The Bible can be used to support these ways of stopping the spread of the disease. Sexual abstinence, both homosexuality and heterosexuality, is the most effective way of stopping the spread of HIV/AIDS. This is because, though the virus is spread through other ways, sex accounts for the highest rate of infection. The Bible teaches against homosexuality, premarital and extramarital sex. But we need to look closely at this Biblical teaching. There has been hot debates on homosexuality both within and outside the Church, with some people arguing for and others against the practice. Those who argue for, say that homosexual feelings are natural and so ask the question: "What sort of God is envisaged who sends his children into the world with compulsive instincts, which they did not choose, and who then denies them the affection and consolation of shared sexual experience?" (Edward Norman in Woodward, 1990:81)

They therefore do not find moral justification for teaching against the practice. On the other hand, those against homosexuality mainly use

the Bible as the basis for their attitude (Leviticus 18: 22 and 20: 13 clearly forbid male homosexuality). Though some people have tried to interpret it as prohibition of religious syncretism in pagan ritual temples (Nicolson, 1996), it appears clear that the author was referring to sex since the prohibition comes within a list of other sexual prohibitions. Whatever line of argument one takes, the fact is that homosexuality is not a universally accepted sexual practice. Those who practise it feel marginalised by the society and so change partners quite often. This has as a result, played a large part in the spread of HIV infection in Western society (Wilkinson, 1988). Apart from the promiscuous tendency of homosexuals anal sex is more risky to vaginal sex because, more often, it causes minute tears in the lining of the anus through which the virus passes easily (Nicolson, 1996). In the light of this evidence, the Old Testament's teaching against homosexuality can help combat the spread of HIV/AIDS.

In the case of premarital and extramarital sex, the Old Testament is clear in its teaching. It can therefore be used to fight the spread of HIV as it teaches against sexual promiscuity. High value was placed on premarital virginity in women (Deuteronomy 22: 13-21). Virginity 'test' was carried out by the bridegroom after marriage. If the bride failed the 'test' she was punished by death through stoning. Nothing, however, is said about male virginity. But, it can be argued that emphasis on female virginity was indirectly emphasis on male virginity too. This is because the young men would have no one to have sex with except if they resorted to prostitution. Be that as it may, in order to curb the spread of HIV/AIDS, emphasis must now be on both male and female virginity.

Monogamy is one way of reducing the spread of HIV. This is because promiscuity is one practice which has contributed in large measure to the spread of HIV infection. However, since this paper is on the Old Testament and HIV/AIDS, the issue of monogamy becomes difficult to justify using the Old Testament. This is because from the earliest Biblical times polygamy was known and accepted. Esau had two wives

(Genesis 26:34), Jacob had two wives and two concubines (Genesis 29:21-30:13), Solomon had 700 wives and 300 concubines. But arguing on the basis of natural morality, Wilkinson says that man is by nature monogamous. He says anthropologists now believe that monogamy has always been one of the preferred forms of marriage as one leading anthropologist has written:

Monogamy is not only the most important form of marriage, not only one which predominates in most communities, and which occurs, statistically speaking, in an overwhelming majority of instances, but it is also the pattern and prototype of marriage. (B.K. Malinowski in Wilkinson, 1988: 474).

This view can be supported by the Old Testament creation story where God created only one woman for the man (Genesis 2:21-23) and can therefore be used to reduce polygamy which often promotes promiscuity.

It can therefore be concluded from the foregoing discussion that the Bible promotes high morality which can be used to deal with HIV/AIDS. The Bible is about religion and as T.S. Odea and J. Odea Aviad (1983:2) say, "Religion has been characterised as being the bulwark of morality." From the discussion made above, it can be seen that the Old Testament presents a rich information base for dealing with HIV/AIDS. Faced with the challenge of HIV/AIDS we must therefore take advantage of the large number of Christians in Zimbabwe to teach the Old Testament to our trainee pastors in a way which will make them 'make a difference' in society.

Suggested Topics for an Old Testament Course Which Integrates HIV/AIDS

There are two ways by which HIV/AIDS can be integrated in the teaching of the Old Testament. One can simply integrate it in courses already

being offered or can create a new course on the Old Testament and HIV/AIDS. The topics can vary according to the theological focus of the institution and so the ones below are only given as a starting point.

History, Geography, and Culture of the Ancient Near East

Studies on the Old Testament, especially at introductory level begin with this topic. This is because the students are to be prepared to understand the Old Testament stories in their historical contexts. Here HIV/AIDS can be squarely integrated. As students discuss the history and geography reference can then be made to the challenges that the people faced, the diseases that affected them and how the communities dealt with these. In this discussion students can then refer to their own challenges and diseases and how these can be dealt with in the present context. In discussing the culture of the people of the ANE, reference can also be made to how certain cultural practices and beliefs affect a community's attitude to diseases like HIV/AIDS.

Creation of the World and Humanity

Under this topic a lot can be said about HIV/AIDS. An interesting question here is whether God created the HIV when he created all living things. Students can further discuss the origins and causes of AIDS in a bid to find out whether God can be held responsible for the outbreak of the HIV/AIDS pandemic. It is also important to discuss the view that man was created in the image and likeness of God. In a state of suffering caused by AIDS, does man remain with this image of God? If he does, what attitude should this view inculcate in caregivers? What about the fact that man was given dominion over all living things? Does man have dominion over the AIDS virus? There are many more questions that students can discuss on this topic which can help them to have a different view of and attitude to the HIV/AIDS pandemic.

Man's Fall and Punishment

The book of Genesis shows that after creation, man, through his wife, fell from the glory he had been given by God. As a result, God punished him. Toiling for livelihood, old age, death, and general suffering have therefore been interpreted through the theory of retribution (Mungwini, 1996). This theory, that God punishes sinners, is perpetuated a great deal in the Old Testament by the Deuteronomistic Historian. This historian emphasises that God punishes whoever breaks his laws and statutes (Fretheim, 1983). In discussing this topic HIV/AIDS can easily be integrated. As we noted above, theological discussions on HIV/AIDS have focussed on viewing the pandemic as punishment of God. Other passages which can be discussed on disobedience and punishment are: Genesis 30, Exodus 1-12, Numbers 12, 14 and 21:4-9, Deuteronomy 7:12-16, and 2 Samuel 24. Here, students can discuss the problems of the theory that God punishes sinners. Is HIV/AIDS a punishment of God? Augustine's views that pain and evil are the consequence of human beings and angels exercising their free will and putting the wrong things first, so that the universe becomes disordered (Nicolson, 1996) should also be discussed.

The Sinai Tradition and the Mosaic Law

This is a central topic in the study of the Old Testament. The covenant which the Israelites made with God at Mount Sinai culminated with the giving of the law which is contained in the books of Leviticus and Deuteronomy. The law was to guide the new community and to protect individual members of the community. There are many legal issues associated with HIV/AIDS which can be integrated in an Old Testament course highlighting HIV/AIDS issues. For example, what laws should be put in place to curb the spread of HIV? Should people who spread the disease knowingly be sentenced to death? In discussing these questions focus should be on diseases and the priest-physician in Israelite law (Leviticus 13-15). In the light of the role of the priest-physician, students

can then discuss the role that the modern priest (pastor) should play in reducing the impact of HIV/AIDS. Whether people infected with HIV/AIDS should be treated as outcasts like lepers in ancient Israel is another question which can be discussed.

The Story of Job

The Story of Job is often discussed in Old Testament studies under wisdom literature. This Israelite wisdom has been variously referred to as "the meaning in life, the meaning of life, ancient humanism" (Bergant 1984). Fohrer (1965) defined it as a way of coping with life and called it Hebrew 'philosophy'. Any wisdom should therefore address the problems that people face in their lives. It seems in the book of Job the writer wanted to address the problem of suffering: Why do the righteous suffer? Thus the book of Job has even attracted popular philosophers like Immanuel Kant who devoted considerable time to interpreting it (Anderson, 1957).

There are a lot of usable frameworks from the Book of Job for dealing with HIV/AIDS. To start with, the Book of Job challenges the view that suffering is God's punishment for unrighteousness. Job was righteous but he suffered (Job 1-2). This challenges the view that HIV/AIDS is God's punishment of the unrighteous. Second, Job 2:9-13 shows the need to support the ill socially. Usable frameworks for dealing with those infected with HIV can be drawn from the attitudes of Job's family and friends to him. Students can here discuss how priests (pastors) should deal with people suffering, since suffering challenges people's faith.

Prophecy in the Old Testament

Prophets, "... are truly the favourite figures of the Hebrew scriptures ..." (Reid, 1980:5); therefore any course on the Old Testament should surely say something on the prophets. Israelite prophets were primarily

proclaimers of the word of Yahweh. They spoke authoritatively in the name of God and so their proclamations usually ended or started with the phrase, "Thus says the Lord" (Amos 7:4). Though they had many functions, in many instances they warned people of that which was about to befall them. These prophets were quite conversant with their contexts, be it the social, economic, political, or religious life of the people. If they had lived in this era where the most serious human problem is HIV/AIDS surely they would have spoken about it. These prophets were not afraid to challenge the status quo and in most cases their lives were in danger but continued to speak the word of prophecy. Elijah and Jeremiah are examples of prophets whose lives were endangered.

In this era of HIV/AIDS a study of the prophets should raise questions on the prophetic role of the Church. Who are today's prophets? Student pastors should be taught to prophesy as Old Testament prophets. They must be prepared to challenge certain cultural practices that help promote the spread of HIV/AIDS. Masenya (2001:82) has this to say about what today's prophets should be like!

We need people, Godly people, people who take time to be with God, who can with the authority of the Hebrew Bible prophets come and say to this man, who due to his African cultural mentality think that because a man is like a pumpkin plant, he spreads (meaning he can have many concubines; even though he is married): "Thus say the Lord: you are the man and you can make a difference in the fight against HIV/AIDS!"

The above are some of the topics that can be integrated into an Old Testament course which integrates HIV/AIDS. As mentioned above, there are many more topics into which HIV/AIDS education can be integrated. But these should be enough to demonstrate how HIV/AIDS education can be integrated in the Old Testament. In the next section let us discuss some of the instructional methodologies that can be used in teaching the Old Testament in the HIV/AIDS era.

Suggested Instructional Methodologies

For a lesson to be effective it should be delivered using the most effective methods. Although the major method of instruction used in the Bible is lecturing, this method has its shortcomings. The method involves one way communication from an active presenter to a more or less passive audience. Thus for effective teaching of the Old Testament in the era of HIV/AIDS this method must be minimised. Methods which involve the student as much as possible should be used. The instruction must be learner centred because it is the student pastor whom we want to reflect on HIV/AIDS much for his/her benefit to be able to work with the affected and infected.

The Seminar or Class Discussion Method

Gwarinda (1993:55) defines this method as "... a method of teaching whereby instead of the teacher doing the talking ..., the pupils do most of the talking ... in a guided manner." This method is quite useful particularly when dealing with disciplines like the social sciences and humanities where there are no hard facts. Students can debate issues until they come up with the most reasonable view. Considering the questions raised above on HIV/AIDS this appears to be the most appropriate instructional methodology. Some students may be asked to present papers on selected topics, for example, should there be a law to execute all HIV positive rapists in line with the Jewish law as found in the Old Testament? Such papers are meant to set the seminars in motion.

The Group Work Method

In this method the class is divided into small groups and then given tasks to perform. This method can be used when there are many sub-topics on a topic. For example when discussing HIV/AIDS as a punishment of God different groups can discuss different Old Testament stories in which

suffering was a result of disobedience. The various groups can come up with position papers and then share them with the whole class.

Students also need to have a touch of what they are going to experience when they finally graduate. Thus the fieldwork or project method also needs to be used. In this method theory is merged with practice (Gwarinda, 19993). Students should visit care homes to get in touch with those suffering from AIDS. They should interview caregivers and all people affected and infected with HIV/AIDS to find people's general attitude to the pandemic. This gives them knowledge to deal with the problem when they finally graduate.

The Dramatisation Method

Using this method, the teacher can teach the student pastors how to prophecy. This is because it is a teaching approach where students acquire concepts through acting out particular situations. For example Masenya (2001) gives an example of how to prophesy that AIDS kills. He says a prophet can carry a placard with the picture of many houses in the block where the man lives. All other houses are identified by the names of the fathers in the house, but his house has no name, an indication of the AIDS sufferer's impending doom. This method, of dramatisation, called prophetic symbolism by scholars (B.W. Anderson, 1957) was a common method among Israelite prophets. Jeremiah, for example, went into the city with a yoke on his neck (Jeremiah 27) an indication that Judah would be exiled to Babylon.

Just as the lecturer is at liberty to choose which topics to teach, she is also at liberty to choose which methods to use, as long as they are effective methods.

Conclusion

The HIV/AIDS pandemic calls for 'action now'. Everyone in his/her area

of expertise, must think of ways of curbing or dealing with the pandemic which threatens to wipe out the world in the same way the Noahic flood did. This paper has suggested how HIV/AIDS can be integrated in the study of the Old Testament at theological colleges in Zimbabwe. Such colleges are the training grounds for tomorrow's church leaders. Trainers at such colleges must be open to reality and stop teaching the Old Testament in the 'old' way when the lives of the Christians are under threat. They must realise that the Church itself must be incarnated in the struggles of people for life, human dignity and justice (WCC, 1990). This paper will conclude with Allan Boesak's words:

If the Church wants to participate,
in God's creating a new world,
a new life,
a new hope,
it will have to look for the work of this God
in the barren ones,
the poor ones,
the meek ones
the voiceless ones,
the HIV/AIDS infected and affected ones (italics mine).

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